

2008-2009
MEMBER ENROLLMENT YELLOWSTONE COUNTY 4-H
(Please use **BLUE** or **BLACK INK** to fill out form)

CLUB: _____

Dues include all 4-H Project Books

Member \$18.00

Cloverbud \$ 5.00

CHECK TYPE OF ENROLLMENT:

1st Year Member: _____ Member re-enrollment: _____ Cloverbud: _____

(Members age 9-19 by end of 4-H year)

(Age 6-8 by end of 4-H year)

Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ SSN (optional): _____

of Years in 4-H (include Cloverbud years) : _____ Birthdate: _____ Gender: _____

Home Phone: _____ **Member's** Cell Phone: _____

Member's email address: _____

Ethnicity (**circle one**): Caucasian African Am. Am. Indian Hispanic Alaskan In. Asian Mixed

Residency (**circle one**): Farm Rural under 10,000 City over 50,000

Project Code	Project Name and Level	Teen Leader	Need Books	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

FOR OFFICE USE ONLY

Paid: _____ Photo: Yes _____ No _____ Office BR: _____

I want the Extension Office to be aware of the following disability: _____

Media Release (**check one** as the parent/guardian): I authorize _____ I do not authorize _____

Yellowstone County 4-H to use the photos or videos of my child that were taken during a 4-H related event or activity, in a press release and other publicity related to 4-H. The photo or film may be used for the following purposes: Website, Press Release, News Story, Marketing materials, and Other uses.

I hereby release the Yellowstone County 4-H Program, Montana State University and any photographer chosen by them to photograph my child from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use of my child's photography and information about him/her for this purpose.

Yellowstone County 4-H Code of Conduct

It is the 4-H program's intent that 4-H is filled with exciting experiences, new friendships and fun. To help make this happen, each member should be considerate of others, participate fully in 4-H and observe the guidelines outlined below. These rules are intended to assist in providing for the health, safety and social well-being of everyone. If a situation or question arises which is not clearly covered by this list, ask a leader before acting. Be pleasant and cooperative; all participants will enjoy themselves more.

- ☐ Respect supervision at all times. You are responsible to all adults connected with the 4-H program.
- ☐ Fireworks, firearms, illegal drugs, tobacco and intoxicants of any kind are not permitted.
- ☐ Obtain the chaperon's/leader's permission before leaving a scheduled group activity.
- ☐ Respect the facilities and natural surroundings; do not deface or destroy them in any way.
- ☐ Respect others' privacy.
- ☐ You are representing yourself, 4-H and your county. What others think of you is many times based upon impressions of dress and behavior. Always dress and behave so that you create a favorable impression.
- ☐ Leaders/chaperones have the authority to set and or enforce guidelines for the group or activity.
- ☐ Violation of any of these rules may be grounds for dismissal of individuals or groups, forfeiture of fees and further consequences as determined. Parents will be promptly notified, along with the County Extension Agent.

It is not possible to anticipate every possible situation. In the absence of a rule regarding specific activity or situation, the leader/chaperone in charge has the authority to interpret the rules and resolve problems not addressed in the above mentioned guidelines.

As the parent/guardian, I have read and support the Code of Conduct and agree to follow the expectations. I give my permission for the Chaperone/Leader in charge to administer the guidelines.

4-H Member's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Organizational Leader's Signature: _____ Date: _____

**All three signatures are required to submit the enrollment form.
Complete parent information is required on *every* enrollment form.
Incomplete enrollment forms WILL NOT BE ACCEPTED.**

Parent / Guardian Information

Does anyone in your family serve in the U.S. Military, National Guard or Reserves? ____ Yes ____ No

MOM (legal guardian? ____ Yes ____ No)

DAD (legal guardian? ____ Yes ____ No)

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____